

KITSAP PUBLIC HEALTH DISTRICT POLICIES & PROCEDURES		
Subject: Administrative Policy	Number: A-31	Page 1 of 6
Title: Strategic Management System	Effective Date: 2/1/11	
Initial Approval By: Management Team	Date: 2/1/11	
Periodic Review By: Management Team	Date: 2/1/14	
Applies to: All Staff	Revision Dates: N/A	

A. Purpose and Context

The Public Health Accreditation Board requires that each accredited local health jurisdiction have in place a performance management policy that requires establishing goals and measures, monitoring and evaluating performance, identifying and implementing improvement strategies and reporting results. The purpose of the Kitsap Public Health District's (District) Strategic Management System (SMS) is to provide structures, roles and processes that:

1. Link and coordinate our planning, performance monitoring and continuous quality improvement (CQI) efforts so they will be efficient and effective.
2. Document our efforts to be accountable to the public we serve.
3. Strengthen the community's understanding of and perceived value for public health by helping the District measure and report on the effectiveness of its programs.

B. Scope

The SMS informs how the District creates and implements its strategic plan, quality improvement (QI) plan, individual division and program work plans, and ultimately, the Performance of Objectives in Part I of each employee's performance evaluation. The District's plans are each informed, in part, by the findings of the county's Community Health Improvement Plan (CHIP). An illustration of these relationships is attached as Appendix A.

C. Authority

The Kitsap Public Health Board (the Board), as the governing authority of the District, is responsible for working jointly with the Executive Leadership Team to adopt, implement and monitor the results from the SMS.

D. Definitions

Community Health Improvement Plan (CHIP): A long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process. This plan is used by health and other governmental, education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community inclusively and should be done in a timely way.¹

Continuous Quality Improvement (CQI): An intentional, ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities and outcomes. ¹

Executive Leadership Team (ELT): The District's leadership team comprised of the Division Directors, the Deputy Director, and the Director and Health Officer.

Plan, Do, Check, Act (PDCA): A four-step quality improvement method in which step one is to plan an improvement, step two is to implement the plan, step three is to measure and evaluate how well the outcomes met the goals of the plan, and step four is to craft changes to the plan needed to ensure it meets its goal. The "PDCA cycle" is repeated, theoretically, until the outcome is optimal.

Quality Improvement (QI) Plan: Identifies specific areas of current operational performance for improvement. Strategic and QI plans can and should cross-reference one another, so a quality improvement initiative that is in the QI plan may also be in the strategic plan.¹

Strategic Management: In contrast to strategic planning, is the larger process that is responsible for the development of strategic plans, implementation of strategic initiatives, and ongoing evaluation of their collective effectiveness. A strategically managed public organization is one in which budgeting, performance measurement, human resource development, program management and all other management processes are guided by a strategic agenda that has been developed with buy-in from key actors and communicated among external constituencies as well as internally.²

Strategic Planning: The process an organization uses of clarifying its mission and vision, defining its major goals and objectives, developing its long-term strategies for moving an organization into the future in a purposeful way, and ensuring a high level of performance in the long run.²

E. Goals and Objectives

The goal of the SMS is to help the District fulfill its mission and vision. Specifically, the District will use the SMS to:

1. Improve the health and wellbeing of the people of our community and the physical environment in which they live.
2. Ensure our customers have a good experience while receiving quality, safe and effective services.
3. Optimize the cost, effectiveness and efficiency of the services we provide.
4. Support each staff member's performance by striving for a safe, professionally satisfying workplace environment.

F. Guiding Principles

1. CQI methodology, particularly the PDCA method, will be at the core of our efforts.
2. Decisions will be data-driven and evidence-based whenever possible.
3. The customer perspective and experience will be central to decision-making and we will strive to meet or exceed customer expectations.
4. Processes will be transparent, collaborative and inclusive.
5. We will foster engagement and accountability from all staff.
6. We will focus on learning and improvement over judgment and blame.

G. Structure, Roles and Implementation

The Strategic Management System is implemented through the joint effort of every staff member. Each person at the District has a role that contributes to the successful achievement of the organization's mission. A diagram showing how all roles contribute using a PDCA approach is shown in Appendix B.

1. The Board will participate in crafting the strategic plan, approve the final plan and review progress toward goals at least annually.
2. The ELT will:
 - Oversee all aspects of the SMS and establish the specific processes, schedules and reporting methods that govern the creation and usage of the strategic plan, QI plan and program work plans.
 - Execute a communication plan to ensure staff, the Board, and the community each have knowledge of the District's plans, goals, results and efforts to continually improve performance.
 - Participate in the local Community Health Improvement Plan (CHIP) effort and ensure its priorities inform both the strategic and QI plans.
 - Convene and lead a Strategic Planning Committee that will develop, implement, monitor, evaluate and adjust the District's Strategic Plan.
 - Charter and support an independent Quality Council to develop and approve, with input from leadership and program managers, an annual quality improvement plan, and assist in implementing continuous quality improvement methodology throughout the organization.
 - Choose those strategic plan objectives, priority areas or program evaluation efforts that will be added to the annual QI plan, and/or down-streamed and measured at the program level.
 - Ensure staff members have knowledge of and input into ongoing planning and QI efforts.
 - Provide resources for staff training in performance improvement.
 - Evaluate the SMS periodically and implement changes necessary to keep it useful and relevant.
 - Approve the annual Quality Council's work plan and the District's QI plan.
3. The Strategic Planning Committee will:
 - Include all members of the ELT, at least one Board member, one program manager and one front line staff member from each Division, a representative from Human Resources, and at least one local partner/stakeholder.
 - Follow the strategic planning process set by the ELT to produce a strategic plan every 3 – 5 years.
 - Meet at least semi-annually to review progress towards the goals set in the plan.
 - Provide the Board with an annual report summarizing the progress made in achieving the plan. The reports will outline any barriers that impeded progress, and any adjustments that are recommended to the plan.
4. The Quality Improvement Council will:
 - Carry out the duties of its Charter through an annual Council work plan.
 - Produce an annual QI plan in the form of a project log listing specific performance improvement objectives with measures, target outcomes, timeframes and assigned accountability.
 - Provide training and technical assistance to support the overall CQI effort and specific QI projects.

- Monitor progress-to-target for QI log objectives, and produce an annual report summarizing the progress made in achieving them. The reports will outline any barriers that impeded progress, and any adjustments that are recommended to the plan.
- Share information with staff about ongoing QI work and provide recognition for successes achieved.

5. Directors, in their roles as Division leaders, will:

- Ensure Program Managers are aware of the goals and objectives in the strategic and QI plans and implement them in program work plans.
- Ensure that Program Managers receive training needed to draft effective program work plans, craft effective measures and use QI tools and methods to lead their teams in continuous performance improvement.
- Monitor program-level performance measures and support Program Managers in identifying, prioritizing and completing QI projects to improve performance.
- Support Program Managers in reporting on program performance and QI projects.
- Encourage feedback about the SMS and use it to help ELT improve its effectiveness.

6. Program Managers will:

- Implement down-streamed goals and objectives of the strategic and QI plans into program work plans.
- Seek and participate in training that will enhance their ability to draft effective program work plans, craft effective measures and use QI tools and methods to lead their teams in continuous performance improvement.
- Ensure staff have the training they need to participate actively in continuous performance improvement.
- Monitor program performance; engage staff in identifying, prioritizing and completing QI projects to improve performance.
- Provide progress reports on program performance measures and QI projects.
- Encourage feedback from staff about the SMS and share it to help ELT improve its effectiveness.

7. Staff will:

- Read Strategic and QI plan information prepared for them.
- Seek and attend training that will enhance their participation in continuous performance improvement efforts.
- Take action within their position descriptions to support plan goals.
- Participate in QI projects as requested by their Program Managers.
- Share feedback about the plans and periodic results with their Program Managers.

H. Annual Schedule and Coordination with Fiscal Year

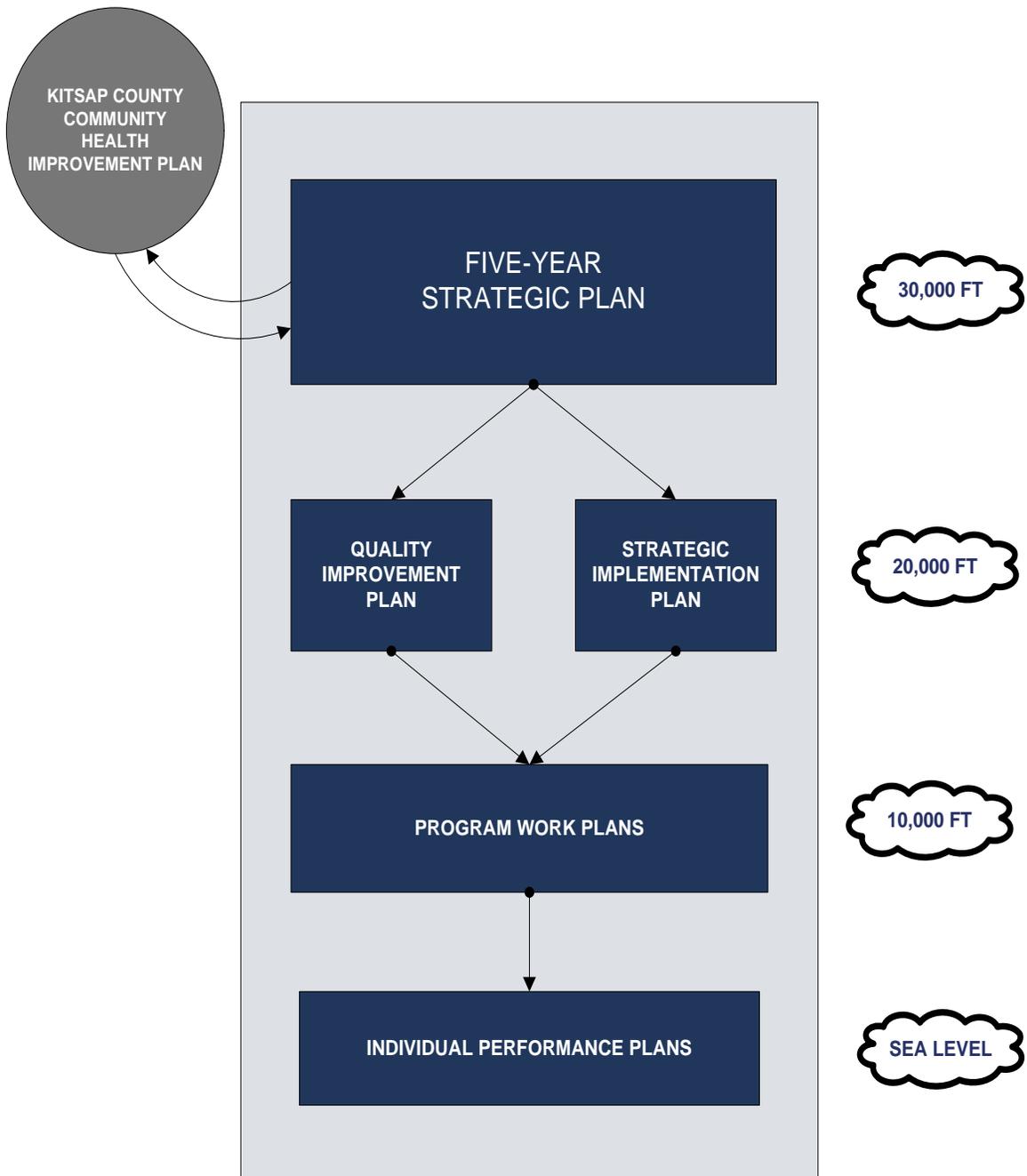
Planning, evaluation and decision-making that make up the Strategic Management System will coordinate effectively with the organization's budget schedule and other key milestones in the fiscal year. This is desirable because performance evaluation may result in new or altered priorities that may require a change in future resource allocation. The following planning, evaluation and decision-making cycle schedule will be used to harmonize the fiscal and planning efforts:

Month	Activity Due
January	Prior year results reporting from all plans
February	<ul style="list-style-type: none"> • Review and confirm strategic plan and QI plan for current year • Report on prior year results to Board • First draft of program work plans completed
March	Program work plans finalized for current year
June	Semi-annual current year results reporting; make adjustments to plans as needed to attain goals
September	First draft of future year budget completed
December	Future year budget approved by Board

1. National Public Health Performance Standards Program, *Acronyms, Glossary, and Reference Terms*, CDC, 2007
2. *Measuring Performance in Public and Nonprofit Organizations*, Theodore H. Positer, Jossey-Bass, 2003

Appendix A

THE KPHD STRATEGIC MANAGEMENT SYSTEM



Appendix B: Kitsap Public Health District's Strategic Management System

